

**ADULT  
ASSESSMENT ADDENDUM**

Please categorize information into one of the following areas when updating the initial assessment:

Demographic Data

Presenting Problem/Chief Complaint

Psychiatric History

Medical History

Medications

Substance Use/Abuse

Psychosocial History

Mental Status Evaluation

Summary and Diagnosis

DATE	NOTES

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to who it pertains unless otherwise permitted by law.

**Name:**

**MIS #:**

**Agency:**

**Prov.#:**

**Los Angeles County - Department of Mental Health**

**ADULT ASSESSMENT ADDENDUM**